



COUNTY OF LOS ANGELES
Public Health

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February 16, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

24 MARCH 2, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DELEGATE AUTHORITY TO ACCEPT TWO ANTICIPATED COOPERATIVE
AGREEMENTS FROM THE CENTERS FOR DISEASE CONTROL AND
PREVENTION, AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request delegated authority to accept two anticipated Cooperative Agreements from the Centers for Disease Control and Prevention, funded through the American Recovery and Reinvestment Act of 2009, and obtain approval to initiate sole source agreements with key partners for the provision of obesity and tobacco control prevention efforts throughout the County.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Public Health (DPH) or his designee, to accept and execute two anticipated Cooperative Agreements (Agreement) from the Centers for Disease Control and Prevention (CDC), funded through the American Recovery and Reinvestment Act of 2009 (ARRA). The total amount of possible funding is estimated to be \$40,000,000, consisting of \$20,000,000 over a two-year period for: 1) Project Renew Environments for Nutrition, Exercise and Wellness, in Los Angeles County (RENEW-LAC); and 2) Project Tobacco Reduction Using effective Strategies and Teamwork (TRUST), both of which would be effective February 26, 2010 through February 25, 2012, subject to review and approval by County Counsel and the Chief Executive Office (CEO) and notification to your Board.

*Approved
on 2-16-10*

2. Delegate authority to the Director of DPH, or his designee, to accept and execute future awards and/or amendments that are consistent with the requirements of the above two CDC Agreements, that extend the terms of funding through February 25, 2014, allows for rollover of unspent funds and the internal redirection of funds, or that provides an increase or decrease of funding up to 30 percent of each year's base award, contingent upon the availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
3. Delegate authority to the Director of DPH, or his designee, to execute agreements with Public Health Foundation Enterprises, Inc. (PHFE) for the provision of temporary personnel services under delegated authority previously approved by your Board on September 19, 2006, and to extend the term of the agreements to February 25, 2012, to support: 1) Project RENEW LAC at an estimated amount of \$8,521,560; and 2) Project TRUST at an estimated amount of \$6,020,733, 100 percent funded by ARRA funds, effective February 26, 2010 through February 25, 2012, subject to review and approval by County Counsel and the CEO and notification to your Board.
4. Delegate authority to the Director of DPH, or his designee, to execute amendments to the proposed PHFE Agreements, that extend the term through February 25, 2014, allow for the rollover of unspent funds, and/or increase or decrease funding up to 30 percent of each year's maximum obligation, contingent upon availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
5. Delegate authority to the Director of DPH, or his designee, to execute sole source agreements with providers identified in Exhibits I and I-A, execute future agreements not to individually exceed \$200,000 annually, amend these agreements to extend the term, allow for the rollover of unspent funds, internally redirect funds, or increase or decrease funding up to 30 percent of each year's maximum obligation, for the period of February 26, 2010 through February 26, 2014, contingent upon availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
6. Authorize DPH, upon confirmation of funding, to hire seven new full-time equivalent positions for Project TRUST – two Contract Program Auditors, one Health Care Financial Analyst, one Accountant II, one Staff Analyst, one Administrative Assistant II, and one Senior Typist Clerk in excess of what is provided for in the Department's staffing ordinance, pursuant to Section 6.06.020 of the County Code, and subject to allocation. These proposed positions will be

responsible for the administrative and financial management of the grant, and will be 100 percent funded by ARRA funds.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On November 29, 2009, DPH electronically submitted to the CDC one application for the Obesity Prevention focus area and another application for the Tobacco Prevention and Control focus area. Summaries of the applications were also provided to your Board.

While the announcements regarding these awards is not expected until February 26, 2010, DPH is requesting your Board's approval of these actions in order to move quickly and begin the start-up process, should the County be awarded these funds.

Further, approval of these actions will allow DPH to comply with the administrative and programmatic requirements detailed in the CDC Cooperative Agreement, which includes a **very short time frame** from start-up to project implementation in the field; a comprehensive monitoring and evaluation plan, and timely observance of reporting requirements specified. Under ARRA, preference is given to project activities that can be started and completed expeditiously, with a goal of using the funds for activities that can be **initiated** no later than **120 days** after date of award notification. In addition, grant recipients are expected to use grant funds in a manner that maximizes job creation and economic benefit within these time constraints, targeting large employers and preferred entities or settings (e.g., schools, local government agencies, cities, communities, etc.), as prescribed by the funding agency.

The CDC has set stringent guidelines which dictate that the short time frame must be followed and that certain benchmarks must be met by each grantee. In the event that the money for one or both agreements is awarded to DPH and the department is unable to accept funding in a timely manner, key grant benchmarks will be missed. The CDC has been clear regarding this issue and has been authorized to take certain enforcement actions, including early termination of a grantee's funding if required benchmarks are not met. Key benchmarks that will be closely monitored by the CDC include having the majority of staff/contractors hired and submitting a quarterly progress report within 90 days of the scheduled February 26, 2010 award notification date. These requirements are central to the recommended actions outlined in this letter.

The recommended actions provide DPH with the delegated authority to accept funding from the CDC to support evidence-based, cross-disciplinary obesity and tobacco control and prevention efforts throughout Los Angeles County (County), which includes entering into new agreements with: 1) up to 21 key partner organizations that will implement required components of the projects with contractors listed on Attachment D;

2) up to 10 community-based organizations (CBO), cities, and/or school districts selected as the result of a Request for Proposals (RFP) process by the DPH Division of Chronic Disease and Injury Prevention Program (DCDIP) to implement nutrition policies and expand opportunities for physical activities; 3) up to 140 social services agencies to implement tobacco cessation programs through mini grants; and 4) one media company, subject to results of a Request For Information (RFI). In addition, DPH would be authorized to fill seven new positions required to support the RENEW LAC and TRUST projects.

DPH intends to enter into sole source agreements with the aforementioned entities based on specific criteria stipulated in the CDC Cooperative Agreement. The selected entities will include school districts, cities, a media company and agencies that provide services uniquely aligned with requirements detailed in the Cooperative Agreement. School districts were selected based on their broad reach, reflecting the County's 10.2 million population, and representing targeted areas with high concentration of at-risk groups for diseases caused by obesity and tobacco use. The selected cities were identified based on whether they had an existing public health department (Long Beach and Pasadena) and/or given their large representation of the County's total population (e.g., the City of Los Angeles). Media development and placement companies were selected based on their expertise in the area of obesity prevention and tobacco control, and contractual ability to place media advertisements in specific/exclusive venues throughout the County and geographic areas targeted by the proposed interventions outlined in the Cooperative Agreement (e.g., City of Los Angeles in bus shelters and metro/rail). Finally, the remaining agencies and organizations were selected based on their unique expertise or services that met the programmatic and administrative requirements of the Cooperative Agreement (e.g., capacity to conduct the Youth Risk Behavior Surveillance Survey (YRBSS)).

This funding would represent substantial financial support for DPH and will provide an unprecedented opportunity to directly promote the adoption and implementation of policies by County departments, cities, school districts, and employers to increase physical activity, improve access to healthy food and beverage options, discourage smoking, and reduce exposure to secondhand smoke.

Project RENEW LAC will implement a coordinated community action plan that includes interventions in the five strategy areas required by the CDC (media, access, point of purchase/promotion, price, and social support and services). Specifically, the initiative will: 1) implement a countywide social marketing and advocacy campaign to promote healthy eating and discourage consumption of less healthy food and beverages; 2) adopt and implement nutrition and physical activity policies among pre-school providers; 3) promote, adopt, and implement the October 2009 Institute of Medicine school meal nutrition recommendations in schools within the county; 4) amplify capacity to effectively

implement physical education policies in schools within the county; 5) develop, adopt, and implement healthy food and beverage policies in cities and County government agencies; 6) adopt and implement breastfeeding and lactation accommodation policies in public and private sector work settings; 7) establish pedestrian- and bicycle-friendly cities and communities through transit-oriented district designs and healthy development policies, especially in disadvantaged communities; and 8) expand reach and strengthen capacity for policy planning, development, and implementation through technical assistance and other support in high need areas.

Project TRUST will implement a coordinated community action plan comprised of seven interventions, including: 1) a multi-faceted media campaign; 2) comprehensive smoke-free outdoor air policies; 3) smoke-free multi-unit housing policies; 4) point-of-purchase marketing restrictions; 5) cigarette butt litter fee policies; 6) a policy and smoking cessation initiative targeting schools; and 7) a policy and smoking cessation initiative targeting social service agencies. Community Mobilization Teams will be assembled to address these policy goals using the Policy Adoption Model (PAM). The PAM model was developed and has been used by the DPH Tobacco Control and Prevention Program with great success over the past five years. The model provides local tobacco control coalitions with an easy-to-implement, step-by-step guide to facilitate legislative policy adoption in local jurisdictions.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County Strategic Plan Goal 2, Children, Family and Adult Well-Being, Goal 3, Community and Municipal Services, Goal 4, Health and Mental Health, and Goal 5, Public Safety, by directly providing a number of community services and by influencing the adoption and implementation of community-wide and school-based policies for the provision of physical activity, nutrition, and tobacco control and prevention services.

FISCAL IMPACT/FINANCING

Approval of these proposed actions will allow DPH to accept two anticipated CDC Cooperative Agreements at an estimated amount not to exceed \$40,000,000, consisting up to \$20,000,000 for each project, effective February 26, 2010 through February 25, 2012, 100 percent funded by ARRA funds.

The cost of the agreements associated with this action will be funded through ARRA funding, for the period of February 26, 2010 through February 25, 2012, at no net County cost.

Upon confirmation of funding, we will return to your Board for approval of an Appropriation Adjustment.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On September 17, 2009, the Department of Health and Human Services announced the release of the community component of the Recovery Act Prevention and Wellness Grant, the CDC's Communities Putting Prevention to Work Initiative. A total of \$373 million was made available for grants to communities with local health departments as the lead grantee. DPH immediately began preparation to submit two proposals: one for Category A (obesity prevention, physical activity, and nutrition) and one for Category B (tobacco control and prevention).

On September 29, 2009, your Board instructed the Director of DPH to review this funding opportunity announcement; to develop a countywide proposal in response to the Communities Putting Prevention to Work Initiative; provide a report to your Board by October 16, 2009 that would outline the parameters of DPH's funding proposal; and report to your Board by November 13, 2009 on a proposed funding application for submission to the CDC by December 1, 2009.

On October 15, 2009, DPH provided your Board with an interim report outlining the parameters of DPH's two funding proposals to the CDC (Attachment A).

On November 23, 2009, your Board sent a five signature letter to the CDC in support of DPH's "Communities Putting Prevention to Work" grant application (Attachment B).

On November 25, 2009, DPH provided to your Board a report on the proposed funding applications for submission to the CDC by December 1, 2009 (Attachment C).

In order to meet the strict requirements of the timeline set forth in the CDC's funding announcement, DPH must be prepared, if funded, to support a rapid implementation of the grant activities. Therefore, DPH will be utilizing your Board's standing agenda "A" item to expedite the review and approval of the necessary Appropriation Adjustment should the County be awarded the ARRA funds. Upon receipt of the grant, DPH plans to work with the grantor to modify the budget to authorize the use of funding for expenses related to special grant activities.

CONTRACTING PROCESS

Bids for the personnel services agreements were solicited from PHFE and MAXIM, the two personnel services contractors who currently have agreements with DPH. PHFE was selected because they submitted the lowest bid. As is highlighted in

recommendation three, DPH is requesting authority to execute temporary personnel services agreements with PHFE using the delegated authority previously approved by your Board on September 19, 2006, and to extend the term of the agreements to February 25, 2012. DPH is currently working on a solicitation process to rebid the Temporary Personnel Agreements currently with PHFE and Maxim, which are slated to expire on June 30, 2010.

To accomplish the goals of the projects, DPH will enter into sole source agreements with: the cities of Los Angeles, Long Beach and Pasadena, the Los Angeles County Office of Education (LACOE), the Los Angeles Unified School District (LAUSD), UCLA Smoking Cessation Leadership Center, California Smokers' Helpline at University of California at San Diego (UCSD), Technical Assistance Legal Center, Oxford Outcomes, Inc., the Center/American Lung California Association of California, American Legacy Foundation, Dr. Neil Klepeis, The Rogers Group, CBS Outdoor, Los Angeles Universal Preschool (LAUP) and California Center for Public Health Advocacy (CCPHA). The justification for each sole source agreement is provided in Attachment D.

On November 19, 2009, DCDIP released an RFP to expand the reach of Project RENEW LAC. The RFP solicited proposals from cities, school districts, and CBOs to develop and implement a policy, systems or environmental change to increase physical activity, improve nutrition, and reduce obesity prevalence. Proposals were due December 21, 2009 and are currently being reviewed. Contingent upon CDC funding, DPH will fund approximately 10 applicants at \$125,000 per year over a two-year period. The anticipated contract term is February 26, 2010 through February 25, 2012. Further information is provided in Attachment E.

On November 2, 2009 the Tobacco Control and Prevention Program's mini-grant prequalification application was sent to 763 social service agencies and each Board office to post on their websites and to distribute to their constituents. The deadline for application submission was December 31, 2009. Each applicant was sent a confirmation email for delivery receipt. On March 1, 2010 each applicant will be sent a notification regarding their award status. Further information is listed in Attachment E.

Attachment A is an interim report provided to your Board outlining the parameters of the two DPH funding proposals submitted to the CDC. Attachment B is a copy of the five signature letter to the CDC from your Board in support of DPH's "Communities Putting Prevention to Work" grant application. Attachment C is the proposed funding applications submitted to the CDC. Attachment D is the Sole Source justification for each provider. Attachment E is a list of other agreements. Attachment F is the memo to your Board for Sole Source Agreements over \$250,000. Attachment G is the Sole Source Checklist.

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Exhibits I and I-A provide a list of the providers and funding information for each agency. Attachments A through F have been approved by County Counsel and Attachment G has been signed by the CEO.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow DPH to accept grant funds and provide for effective and timely initiatives and activities to support obesity and tobacco prevention efforts throughout the County.

Respectfully submitted,



for Jonathan E. Fielding, MD, MPH
Director and Health Officer

Attachments (8)

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors